

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>AMERICAN ACTION NETWORK INC</b>		3. FEC Identification Number <b>C</b> <b>C90011230</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 555 13TH STREET NW SUITE 510 WEST		
(c) City, State and ZIP Code WASHINGTON DC 20004		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☒ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☐ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☒ No ☐

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
09	/	30	/	2012

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

1895749.84

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Stephanie Fenjiro

Stephanie Fenjiro

01/15/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 07 / 10 / 2012	
Mailing Address 815 Slaters Lane		Amount 276717.38	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Media Purchase Layers - Place		Category/ Type	Transaction ID : F57.4132
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT KEADLE		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 276717.38		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 11 / 2012	
Mailing Address 815 Slaters Lane		Amount 188146.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV Placement		Category/ Type	Transaction ID : F57.4136
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 188146.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 11 / 2012	
Mailing Address 815 Slaters Lane		Amount 139798.80	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure First Placement TV Purchase		Category/ Type	Transaction ID : F57.4142
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 139798.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	604662.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 11 / 2012	
Mailing Address 815 Slaters Lane		Amount 35650.80	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Side TV Placement Purchase		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 223796.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 11 / 2012	
Mailing Address 815 Slaters Lane		Amount 475184.40	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Neighbors TV Purchase		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSE M HERNANDEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 475184.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 815 Slaters Lane		Amount 43802.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Good TV Placement		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L CROOKS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 87737.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

554637.20

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ..... ➤  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 815 Slaters Lane		Amount 141363.20	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure First TV Placement		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 325111.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 815 Slaters Lane		Amount 189882.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV Placement		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 501619.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 815 Slaters Lane		Amount 35600.40	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV Purchase Placement		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 537220.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		366845.60	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 5 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 26 / 2012	
Mailing Address 815 Slaters Lane		Amount 26602.40	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV Placement		Category/ Type	Transaction ID : F57.4161
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L CROOKS		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 114340.14		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 09 / 26 / 2012	
Mailing Address 815 Slaters Lane		Amount 37298.80	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV Placement		Category/ Type	Transaction ID : F57.4163
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 574518.83		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company		Date MM / DD / YYYY 07 / 10 / 2012	
Mailing Address 3900 Willow Street, Ste 200		Amount 35884.92	
City Dallas	State TX	Zip Code 75226	
Purpose of Expenditure TV Production Layers - Place		Category/ Type	Transaction ID : F57.4134
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT KEADLE		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 312602.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		99786.12	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 6 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company		Date MM / DD / YYYY 09 / 13 / 2012	
Mailing Address 3900 Willow Street, Ste 200		Amount 14950.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : F57.4144
Purpose of Expenditure First TV Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 154748.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company		Date MM / DD / YYYY 09 / 17 / 2012	
Mailing Address 3900 Willow Street, Ste 200		Amount 19980.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : F57.4151
Purpose of Expenditure Neighbors Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: JOSE M HERNANDEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 524163.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company		Date MM / DD / YYYY 09 / 20 / 2012	
Mailing Address 3900 Willow Street, Ste 200		Amount 1050.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : F57.4159
Purpose of Expenditure Neighbors Shipping TV Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: JOSE M HERNANDEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 525213.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	35980.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 7 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date MM / DD / YYYY 09 / 14 / 2012	
Mailing Address P.O. Box 2187		Amount 28999.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Internet Advertising and Website		Category/ Type	Transaction ID : F57.4141
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 282738.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date MM / DD / YYYY 09 / 14 / 2012	
Mailing Address P.O. Box 2187		Amount 28999.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Internet Advertising and Website		Category/ Type	Transaction ID : F57.4145
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 183747.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date MM / DD / YYYY 09 / 14 / 2012	
Mailing Address P.O. Box 2187		Amount 28999.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Digital Advertising and Website		Category/ Type	Transaction ID : F57.4148
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 311737.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	86997.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 8 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date MM / DD / YYYY 09 / 14 / 2012	
Mailing Address P.O. Box 2187		Amount 28999.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Digital Advertising and Website		Category/ Type	Transaction ID : F57.4152
Name of Federal Candidate Supported or Opposed by Expenditure: JOSE M HERNANDEZ		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 504183.40		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date MM / DD / YYYY 09 / 14 / 2012	
Mailing Address P.O. Box 2187		Amount 28999.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Digital Media Advertising and Website		Category/ Type	Transaction ID : F57.4156
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L CROOKS		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 43935.74		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date MM / DD / YYYY 09 / 28 / 2012	
Mailing Address P.O. Box 2187		Amount 28980.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Online Advertising		Category/ Type	Transaction ID : F57.4164
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 618483.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	86978.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee UpGrade Films		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 3299 K Street NW, Ste 200		Amount 14936.74	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4155
Purpose of Expenditure Good TV Placement	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L CROOKS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14936.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee UpGrade Films		Date MM / DD / YYYY 09 / 13 / 2012	
Mailing Address 3299 K Street NW, Ste 200		Amount 14978.65	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4140
Purpose of Expenditure TV Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 238775.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee UpGrade Films		Date MM / DD / YYYY 09 / 13 / 2012	
Mailing Address 3299 K Street NW, Ste 200		Amount 14964.18	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4147
Purpose of Expenditure Side Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 253739.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44879.57	
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			
(c) TOTAL Independent Expenditures ..... ▶ (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 10  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee UpGrade Films		Date MM / DD / YYYY 09 / 28 / 2012	
Mailing Address 3299 K Street NW, Ste 200		Amount 14984.17	
City Washington	State DC	Zip Code 20007	
Purpose of Expenditure Seventies Production		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD MICHAEL NOLAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 589503.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		14984.17	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)		1895749.84	